Revised 03/06 WDNY

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF NEW YORK

JUL 13 2018

FORM TO BE USED IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983 (Prisoner Complaint Form)

| All material filed in this Court is now available via the INT | ERNET. See Pro Se Privacy Notice for further information |
|---|--|
| | NOFACTION 18 CV 774 |
| A. Full Name And Prisoner Number of Plaintiff: N pauperis status, each plaintiff must submit an in forma pauperis considered will be the plaintiff who filed an application and Autho | OTE: If more than one plaintiff files this action and seeks in form |
| 1. Darnell Green DIM; 07. | |
| 2 | |
| | VS- |
| you may continue this section on another sheet of paper if you ind | Fed.R.Civ.P. 10(a), the names of <u>all</u> parties must appear in the captio in this section as a defendant. If you have more than six defendant icate below that you have done so. |
| Sergeant, Lewaiski. | 4. OFFICET, RIVERA |
| 2. Officer, Horbett, | 5. OFFICER, MAMCIMI |
| 3. Officer, RIVEra | 6. OFFICER, Pecara |
| | |
| This is a civil action seeking relief and/or damages to defer United States. This action is brought pursuant to 42 U.S.C. 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201. | OF JURISDICTION d and protect the rights guaranteed by the Constitution of the \$1983. The Court has jurisdiction over the action pursuant |
| | |
| | O THIS ACTION |
| PLAINTIFF'S INFORMATION NOTE: To list additional | |
| Name and Prisoner Number of Plaintiff: Oarnell | |
| Present Place of Confinement & Address: EIMIRA | |
| P.O. BOX 500 EIMIRA NE | W YOFK 1490Z+0500 |
| | |
| Name and Prisoner Number of Plaintiff: | |
| Present Place of Confinement & Address: | |
| | |
| | |
| | |

| <u>DEFENDANT'S INFORMATION</u> No format on another sheet of paper. | OTE: To provide information | n about more defendants than there is room for here, use this |
|---|---|---|
| Name of Defendant: | | |
| (If applicable) Official Position of Defer | ıdant: | |
| (If applicable) Defendant is Sued in | Individual and/or | Official Capacity |
| Address of Defendant: | | |
| | | |
| | | |
| | | |
| , | | |
| (If applicable) Defendant is Sued in | Individual and/or | Official Capacity |
| Address of Defendant: | | |
| | | |
| 2 | | |
| Name of Defendant: | | |
| (If applicable) Official Position of Defe | ndant: | |
| (If applicable) Defendant is Sued in | Individual and/or | Official Capacity |
| Address of Defendant: | | |
| | | |
| | | |
| | | |
| 4. PREVIO | US LAWSUITS IN STAT | TE AND FEDERAL COURT |
| TT 1 | wite in state or fodoral cor | urt dealing with the same facts involved in this action? |
| A. Have you begun any other laws Yes No | unts in state of federal cot | irt dearing with the same facts involved in this action. |
| | TTC 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and the same law and dealing with the same facts as this |
| action, use this format to describe the | TE: If you nave brought mother action(s) on another : | nore than one lawsuit dealing with the same facts as this sheet of paper. |
| 1. Name(s) of the parties to this o | | |
| Plaintiff(s): Darn | ell Green | |
| Defendant(s): いた れ | dy E. MOTC | IO ASSISTANT AHOTHED |
| MaIn Place To | wer, 350 Ma= | |
| 2. Court (if federal court, name the | ne district; if state court, na | ume the county): COUFT OF CLAIMS STATE |
| W EMPITE State S | DAZA BOX 7 | 344 CAPITOL Statton ADAMY W'2" |
| 3. Docket or Index Number: NO | | 2080 - MOTTON-NO.M-92203 |
| 4. Name of Judge to whom case | was assigned: HOT. St | ephen J. Lynch. |
| | | |

| 5. | The approximate date the action was filed: February 272018 | |
|---|--|--|
| 6. | What was the disposition of the case? | |
| | Is it still pending? Yes No V | |
| | If not, give the approximate date it was resolved. May 31, 2018 | |
| Disposition (check the statements which apply): | | |
| Dismissed (check the box which indicates why it was dismissed): | | |
| | By court <i>sua sponte</i> as frivolous, malicious or for failing to state a claim upon which relief can be granted; | |
| | By court for failure to exhaust administrative remedies; | |
| | By court for failure to prosecute, pay filing fee or otherwise respond to a court order; | |
| | By court due to your voluntary withdrawal of claim; | |
| | Judgment upon motion or after trial entered for | |
| | plaintiff | |
| | defendant. | |
| If Yes use the | Have you begun any other lawsuits in federal court which relate to your imprisonment? Yes No \(\subseteq \) s. complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, his same format to describe the other action(s) on another sheet of paper. Name(s) of the parties to this other lawsuit: | |
| | Plaintiff(s): | |
| | Defendant(s): | |
| | | |
| 2. | District Court: | |
| 3. | Docket Number: | |
| 4. | Name of District or Magistrate Judge to whom case was assigned: | |
| 5 | The approximate date the action was filed: | |
| 5. 6 | What was the disposition of the case? | |
| 6. | Is it still pending? Yes No | |
| | to the artiff from the first and the first a | |

| Disposition (cl | heck the statements which apply): |
|-----------------|--|
| Dismisse | ed (check the box which indicates why it was dismissed): |
| | By court <i>sua sponte</i> as frivolous, malicious or for failing to state a claim upon which relief can be granted; |
| | By court for failure to exhaust administrative remedies; |
| | By court for failure to prosecute, pay filing fee or otherwise respond to a court order; |
| - | By court due to your voluntary withdrawal of claim; |
| Judgmen | nt upon motion or after trial entered for |
| 1 | plaintiff |
| | defendant. |
| | |
| | |

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include <u>all</u> possible claims.)

- Religion
- Access to the Courts
- Search & Seizure

- Free Speech
- False Arrest
- Malicious Prosecution

- Due Process
- Excessive Force
- · Denial of Medical Treatment

- Equal Protection
- Failure to Protect
- Right to Counsel

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far a practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must <u>provide information</u> about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must <u>attach copies</u> of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

| A. FIRST CLAIM: On (date of the incident) on February 9, 2017. at | approximately 8:40am |
|--|-----------------------|
| defendant (give the name and position held of each defendant involved in this incident) OF Lewalski, -> OFFicer, Horbett, -> OFFicer, R | tvera, -> |
| OFFICER, MANCINI, -> OFFICER, PECORA | |
| did the following to me (briefly state what each defendant named above did): Seroecr | It, Lewalski |
| PUNCHEM ME IN the Face and IIP: 0 | FFICET, MANCINI |
| Struck Me with the Steck on the To | P of My head |
| orrace, kiveral and the other office | TS WOOD KTCKPA |
| Me, bruius and broken my ribs: a | ISO SECULITY |
| Hadn't Presente sufficient eviden | Ce of |
| Malfeasance to the Investigation of | FFICE OO |
| Excessive Force. | ll season to the |
| The constitutional basis for this claim under 42 U.S.C. § 1983 is: FOR MY EIGHT | TH AMERIMENT |
| under the Federal constitution, was | |
| The relief I am seeking for this claim is (briefly state the relief sought): Compens | atory damages |
| SUM OF MOME), FOR the INJUSTES the | At I Suffered |
| Further, NomInal damages. | |
| Exhaustion of Your Administrative Remedies for this Claim: | |
| Did you grieve or appeal this claim? Yes No If yes, what was the result? I | he ftrst |
| Did you appeal that decision? Yes No If yes, what was the result? The | Grievance |
| was unanimously Accepted. | |
| Attach copies of any documents that indicate that you have exhausted this | claim. |
| If you did not exhaust your administrative remedies, state why you did not do so: | |
| | |
| | |
| A. SECOND CLAIM: On (date of the incident) On February 27, | 2017 and June 21,2017 |
| | 2016 and |
| defendant (give the name and position held of each defendant involved in this incident) Devit, > De, Gusman, > De, wouf a me | |
| LCV+11, JONIGESTION, JON, WOLF & ME | dical Doctors |
| | |

| 1 | | |
|-----|--|----------------------|
| ۱ - | did the following to me (briefly state what each defendant named above did): DR, Le | V+ ++ 6.1 |
| | Wende Correct tonal facility and | OV 1 de |
| | and DRIGUSMAN at Sull-yan Corre | JR, WOOF |
| | Facility Plaintiff was Informer | CTIONAL |
| | -1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | 7 114 These |
| | TI I I I I I I I I I I I I I I I I I I | 1105 |
| | After Milmerauc of excession | 1 / |
| | overlooken exam reports. Causing ne | and discribing the |
| | The constitutional basis for this claim under 42 IISC 8 1983 in EAT My sight | 0000 - 1 |
| | under the Federal constitution was | AMENGMENT |
| | The relief I am seeking for this claim is (briefly state the relief sought): Compensor | Lar Janes |
| | SUM OF MOMEY, FOR the INJURIES tha | + F CUCC |
| | Further, Nominal Hamages. | I I SUFFERE |
| | Exhaustion of Your Administrative Remedies for this Claim: | |
| | Did you grieve or appeal this claim? Yes No If yes, what was the result? | he Crievana |
| | was accepted, | ITO GITEVAILE |
| , | Did you appeal that decision? Yes No If yes, what was the result? I'a | ∞ $C++11$ |
| | WaIten For that decision. | W 21211 |
| | Attach copies of any documents that indicate that you have exhausted this c | laim |
| | If you did not exhaust your administrative remedies, state why you did not do so: | |
| | | |
| | | |
| | If you have additional claims, use the above format and set them out on additi | Onal sheets of naner |
| | | , |
| | 6. RELIEF SOUGHT | |
| | Summarize the relief requested by you in each statement of claim above | |
| _ | () | DOMEY FOR |
| _ | The Injuries that I suffered. F | urther |
| | NOMINAL HAMAGES, For the extrem | ne aird |
| . (| outrageous Misconduct of all defen | dants, Further |
| | 1 | HUILLS, FUI IIICI |
| ! | Do you want a jury trial? Yes No | |

2) The 1988 + 1819 18077 & FAW HINS COOKINGATI MICH SHIBMS 95 at 7 Gr. FOR TELIEF The claim is For Physical and emotional Personal Injuries, past pain and suffering, FUTURE PAIM and SUFFERING, past and Future MEDICAL EXPENSES, loss of Services economic Damages and other damages sustained as a result of the negligence of new york State DEPARTMENT OF CORRECTIONS THEIR agents, Servante and for employees. Claimant Further alleges violation of claimant's civil right as well as violation of 42 1150 1983 and 1988 \$ 3) The time when the place where and the manner IN Which The Claim arose Time 8:40 am, Failing to Properly treat claimant's Injuries IN FAILING to FOLLOW Its OWN POLICE FULLES! guidines and regulatations; in causing physici harm to claimait; in violating the claimant's CIVILITIOHTS: of eighth Amendment. MMEDICAL MISCONDUCT, COMSIST OF INTENTIONALLY denying or delaying access to medical care or Intentionally Interfering with priscribed Treatment.

| I declare under penalty of perjury that the foregoing is true and correct. |
|--|
| Executed on July 10, 2018 (date) |
| NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court. |
| 11012. Back planning, make sign and semplane and |
| |
| Darnell Green |
| Signature(s) of Plaintiff(s) |